

Enquiry Data Collection

To enable Utility Works & Engenera to create a preliminary proposal for the client to prove the feasibility of the solar PV installation, we require the following information.

Company Name:	
Contact Name:	
Contact Telephone No:	
Full Address of Premises:	
Postcode	
Customer Grid Unit Price (Incl. all standing charges, CCL, etc.):	
Opening / Operating days & hours of the site:	
Information Requirements.	

• A copy of an energy bill which shows the unit price per kwh they are paying and also the total monthly energy consumption. (For a PPA proposal we will require a copy of 12 months energy bills)

- · A copy of their Half Hour Data if available
- · Is there any existing generation on site (e.g. Wind turbine, Solar, Generators)
- · Are there any restrictions to the building (e.g. Conservation area, listed building)
- A signed copy of the DNO Consent Form (attached)
- $\cdot \;$ Confirm whether site is Single or Three Phase Connection
- $\cdot\,$ Please attach a desktop image of the building(s), highlighting available roof space





What happens next?

I/we understand my/our details will be passed from Utility Works Ltd to Engenera as soon as I/we sign and return this letter. Engenera will then prepare a draft proposal based on the details supplied.

NB:

Should you wish to proceed with the installation, Engenera will then arrange a site visit to carry out a full survey and submit a request for additional information prior to presenting the full system quotation.

nt(s)	Signed on behalf [Installer/Developer]	
Position	Company	
Name	Name	
Signature	Signature	
Date	Date	
	Position Name Signature	Installer/Developer] Position Company Name Name Signature Signature





D.N.O AUTHORITY REQUEST

To:

Date:

RE: Authorisation for DNO / Electricity Supplier to deal with Engenera Ltd

To whom it may concern;

I/we as the owner or leaseholder(s) hereby grant authority to the above on behalf of Engenera Limited and their employees or agents to act on my/our behalf in matters relating to the connection of power to the following premises;

The MPAN for the premises

Full Site Address:	Client MPAN:		1				
		S					
County: Postcode:							
Should you have any queries regarding the Telephone: email:	validity or exten	nt of this	s authorisa	ation you	should	call:	
Kind Regards							
•••••••••••••••••••••••••••••••••••••••							

Please PRINT name:

Signature:

Date: